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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003086

1. Corporation Name

THE BRIDGEWAY FOUNDATION, INCORPORATED

Principal Place of Business

137 HOSPITAL DR.
FT. WALTON BEACH FL 32548

Mailing Address

137 HOSPITAL DR.
FT. WALTON BEACH FL 32548



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/10/1996

4. FEI Number

59-3350864

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

COBBS, W. DANIEL CHE
137 HOSPITAL DR.
FT. WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T
NAME COBBS, W. DANIEL CHE
STREET ADDRESS 137 HOSPITAL DR.
CITY-ST-ZIP FT. WALTON BEACH FL 32548 ☒ DELETE

T
NAME BROWN, BRENDA D CPA
STREET ADDRESS 137 HOSPITAL DR.
CITY-ST-ZIP FT. WALTON BEACH FL 32548 ☒ DELETE

PT
NAME COMBS-SANDERS, KARYN D
STREET ADDRESS 200 GAFFNEY RD
CITY-ST-ZIP EGLIN AFB FL 32542 ☐ DELETE

VT
NAME HILL, JAMES L DR
STREET ADDRESS 232 STEPHEN AVE
CITY-ST-ZIP MARY ESTHER FL 32569 ☐ DELETE

TT
NAME BOWERS, RUTH T
STREET ADDRESS 815-B BEAL PKWY NW
CITY-ST-ZIP FT WALTON BCH FL 32547 ☒ DELETE

☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P/D
KEVIN LOCHT
151 MARY ESTHER BLVD. STE 301
MARY ESTHER, FL 32569

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

V/D
COL ROBERT GUY
1079 TREE POINT DRIVE
FORT WALTON BEACH, FL 32547

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

S/T/D
B.J. COLLINS
303 HUNTER PLACE NE
FORT WALTON BEACH, FL 32548

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (1/98)

**SIGN
HERE**